



## Consent for Release of Personal Records by Executive Agencies

**Name of Agency:** Department of Veterans Affairs, et al as required

**To Whom It May Concern:**

I have sought assistance from Congressman Heath Shuler on a matter that may require the release of information maintained by your agency, and which you may be prohibited from disseminating under the **Privacy Act of 1974**.

I hereby authorize you to release all relevant portions of my records or to discuss problems involved in this case with Congressman Shuler or any authorized member of his staff until this matter is resolved.

I also hereby authorize the **Department of Veterans Affairs** to release any information pertaining to past, present, and future VA claims and issues. Also any claims that deal with issues related to **Title 38>Part V>Chapter 73>Subchapter III>Section 7332 and Title 38>Part IV>Chapter 57> Subchapter I>Section 5701**.

\_\_\_\_\_  
Print Name Clearly

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
VA Claim # (if applicable)

\_\_\_\_\_  
Military Branch (if applicable)

\_\_\_\_\_  
Telephone # for Claimant

\_\_\_\_\_  
Alternate Telephone #

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Brief Description of problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please return this form to:** Congressman Heath Shuler, 356 Biltmore Ave, Suite 400, Asheville, NC 28801 **Attn:** Susanna Euston